

# IUD/IUS ENCOUNTER SHEET

Date: \_\_\_\_\_

Client name: \_\_\_\_\_

S: LMP \_\_\_\_\_ N/A \_\_\_\_\_  
Mirena \_\_\_\_\_ ParaGard \_\_\_\_\_ Skyla \_\_\_\_\_  
Date of insertion \_\_\_\_\_

O:

EXAMINATION      WNL      ABNORMAL      N/A      COMMENTS

Ext. Genitalia				
Vagina				
Cervix				
Discharge				
Uterus				
Adnexa				
Recto-Vaginal				

Strings Visualized: Yes \_\_\_\_\_ No \_\_\_\_\_      Approximate String Length \_\_\_\_\_

Urine pregnancy test results \_\_\_\_\_ N/A \_\_\_\_\_      Hgb gm/dL \_\_\_\_\_ N/A \_\_\_\_\_

Other: \_\_\_\_\_

A:

P: ☐ Continue IUD/IUS  
☐ Reviewed IUD/IUS danger signs and symptoms.  
☐ Reviewed checking strings every month and prn  
☐ Instructed client to seek care if unable to feel strings or has any danger signs and symptoms.  
☐ STI risk reduction discussed  
☐ RTC prn and for annual exam due \_\_\_\_\_  
☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date